Belton Parks & Recreation

Love Theatre Ensemble- Registration Form

Today's Date:_____

Name of Child (please print):_____

Date of Birth:_____   Gender: M   F
                        (mm/dd/yyyy)

Address:_____

City:_____ State_____ Zip:_____

Home Phone #: (_____) _____ Cell Phone #: (_____)_____

E-Mail Address:_____

In Case of Emergency Contact:

Name:_____ Phone #: (_____)_____

City of Belton Liability Waiver

I understand that the activities offered by the Belton Parks and Recreation Department may involve strenuous, physical activity which can result in property damage, bodily injury or death to myself or my child(ren) or ward(s). I understand and agree that the City of Belton, the Parks and Recreation Department, and their respective agents, employees, officers, directors, and instructors (The City) are not undertaking responsibility to oversee these activities, or to guarantee that such activities are free from risk of injury, loss, or damage to either persons or property.

In consideration of the City's furnishing services, equipment and/or facilities, I hereby expressly assume all risk of loss, injury, or death for myself and my child(ren) and ward(s) who participates in or attend the Parks and Recreation Departments programs. On behalf of myself, my child(ren), my ward(s) or heirs, assigns, and personal representatives, I agree to release, relief, indemnify and hold harmless the City against any and all claims, demands, damages, judgments, costs and expenses, including reasonable attorney's fees for the defense of such claims and demands arising as a direct or indirect result of the use of City facilities, or participation in or attendance at Parks and Recreation Department activities, by myself, my child(ren) or my ward(s). In case of any such claim, I agree to defend the action or proceeding by counsel acceptable to the City.

I am aware that this is a release of liability which is intended to be legally binding. I have read it, I understand it, and I sign it of my own free will.

Parent/Guardian's Signature: Date:

_____   _____